U S Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 348	2 Fiscal Year Covered From		
	01 / 01 / 2004 Through 12 / 31 / 2004		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name Ida Leachman	Name Local 83282, Communication Workers of America		
	Labor Organization File Number 006-175		
PO Box Bldg Room No if any	P O Box Building and Room Number if any Building B		
Street 2914 Hoskins Road	Street 3035 Directors Row, Suite 1205		
City Memphis	City Memphis		
State Tennessee ZIP Code + 4 38114	State Tennessee ZIP Code + 4 38131		
5 Position in labor organization President			
(except as specified in the exclusions set forth in the instructions)  A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent			
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income		
Name			
Trade Name if any	The second secon		
PO Box Bldg Room No If any	7 b Amount.		
Street [			
City			
State ZIP Code + 4			
Signature			
15 Signature and verification The undersigned declares under penalty o submitted in this report (including the information contained in any accompar undersigned s knowledge and belief true correct, and complete (See the second contained in the second contained contained in the second contained containe	lying documents) has been examined by the signatory and is to the best of the		
	,		

Form LM 30 (2003)

Name of Person Filing Ida Leachman		File Number <b>U</b>		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)	9 Business deals with			
Name Bank of New York				
Trade Name If any	a Labor Organiza	ιτιοπ		
PO Box Bldg Room No If any	c Employer			
Street One Wall Street	Carlo Campioyo			
Crty New York				
State New York 3 2 ZIP Code + 4 10286			·	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deal	ing		
Name United Furniture Workers Pension Fund A  Trade Name If any	Business prov		ent management	
PO Box Bldg Room No if any			eventition and the second	
Street 1910 Air Lane Drive	11 b Approximate dollar val	us of cush declins	\$59,032,96	
City Nashville	12 a Nature of interest he		339,032,90	
State Tennessee ZIP Code + 4 37210	1 Y	- I attended Bank of New	₹ •	
	) (s) (s)	¥		
	12 b Amount		<b>\$35 00</b>	
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)	<u> </u>		
	or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	or other thing of value			
	or other thing of value	Alexander and a second a second and a second a second and	2 2	
(including trade name if any)	or other thing of value			
(including trade name if any)  Name	or other thing of value		ng gyrychianas pyrydyddir ddodd	
(including trade name if any)  Name  Trade Name if any	or other thing of value		And the state of t	
(including trade name if any)  Name  Trade Name if any  P O Box Bidg Room No if any	or other thing of value  14 a Nature of payment.			
(including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street	or other thing of value  14 a Nature of payment.		The graphy control of the control of	

Name of Person Filing Ida Leachman	File Number <b>U</b>			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)	9 Business deals with			
Name The Boston Company	a Labor Organ zation			
Trade Name If any	X b Trust			
PO Box Bldg Room No If any	c Employer			
Street 1 Boston Place, 24th Floor				
City Boston State Massachusetts ZIP Code + 4,02108				
211 000 14 15 15 15 15 15 15 15 15 15 15 15 15 15				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name United_Furniture_Workers Pension Fund A	Business provides investment management sirvices to the Trust			
Trade Name If any				
PO Box Bldg Room No If any				
Street 1910 Air Lane Drive	11 b Approximate dollar value of such dealing \$120,715 43			
City Nashville  State Tennessee ZIP Code + 4 37210	June 2004 — attended a dinner hosted by The Boston Company			
	12 b Amount \$35.00			
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.			
Name	over the state of			
Trade Name If any				
PO Box Bldg Room No If any	3			
Street				
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			

ame of Person Filing Ida Leachman		File Number <b>U</b>		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from sciling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade nome if any)  Name Amalgamated Bank of New York  Trade Name if any  P O Box Bldg Room No if any  Street 11-15 Union Square  City New York  State New York  ZIP Code +4 10003	9 Business deals with  a Labor Organiza  X b Trust  c Employer	ition		
Name United Furniture Workers Pension Fund A  Trade Name if any  PO Box Bldg Room No if any  Street 1910 Air Lane Drive  City Nashville  State Tennessee ZIP Code + 4 37210	11 b Approximate dollar ville  12 a Nature of interest hill  Amalgamated 3	des investment vices to the Trust  ue of such dealing \$34,166.28		
	as a holiday	\$38_22_		
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name  Trade Name if any  P O Box Bidg Room No if any  Street  City  State  ZIP ( ode + 4	14 a Nature of payment			
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment.	***************************************		

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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)	9 Business deals with		
Name United Furniture Workers Pension Fund A			
Trade Name if any	a Labor Organization		
PO Box Bldg Room No if any	LA b Trust		
Street 1910 Air Lane Drive	c Employer		
Cny Nashville			
State Tennessee ZIP Code + 4 37210			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name United Furniture Workers Pension Fund A	Reimbursement of expenses related to		
Trade Name If any	being Chairman of the Board of Trustees of United Furniture Workers Pension		
PO Box Bidg Room No If any	Fund A		
Street 1910 Air Lane Drive			
City No. h. 110	11 b Approximate dollar value of such dealing NONE		
- CRASHVILLE	12 a Nature of interest held or income received  Reimbursement of travel, hotel, meals and		
State Tennessee ZIP Code + 4 37210	miscellaneous expenses incurred to attend		
	Board of Trustees meetings in February		
	2004 and June 2004, Finance Investment Committee meetings in April'and September		
	2004, and travel to Fund office to		
	conduct Fund - related business.		
	12 b Amount \$2,170 00		
C Received from any employer (other than an employer covered under	er parts A and B above)		
or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.		
Name	76.		
Trade Name if any	/* E		
PO Box Bldg Room No if any			
Street	80		
City			
State ZIP Code + 4	* **		
42 h le the Business on Francisco [7]	14 b Amount of payment.		
13 b Is the Business an Employer or Consultant ?			

Name of Person Filing Ida Leachman		File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)  Name United Furniture Workers Insurance Fund  Trade Name if any  P O Box Bidg Room No if any  Street 1910 Air Lane Drive  City Nashville  State Tennessee ZIP Code + 4 37210	9 Business deals with  a Labor Organiza  x b Trust  c. Employer	ation		
Name United Furniture Workers Insurance Fund Trade Name If any  PO Box Bldg Room No if any  Street 1910 Air Lane Drive  City Nashville  State Tennessee ZIP Code + 4 37210	being Chairma of the United Insurance Fur  11 b Approximate dollar va  12 a Nature of interest he Reimbursement and miscellar attend Board February 2004	of expenses related to an of the Board of Trustees I Furniture Workers and I was a such dealing NONE		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.			
Name Trade Name If any	A Section of the sect			
P O Box Bldg Room No if any  Street  City	\$ \(^{\text{\$\gamma}}\)			
State ZIP Code + 4		2		
13 b Is the Business an Employer or Consultant 7	14 b Amount of payment.			